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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. UF-246XC1	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor Samsun Lampotang	
		Title Marker Detection Method	
		Express Mail Label No. EJ901662380US	
APPLICATION ELEMENTS		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 19] (preferred arrangement set forth below)		a. <input type="checkbox"/> Computer Readable Form (CRF)	
- Descriptive title of the invention		b. Specification Sequence Listing on:	
- Cross Reference to Related Applications		i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or	
- Statement Regarding Fed sponsored R & D		ii. <input type="checkbox"/> paper	
- Reference to sequence listing, a table, or a computer program listing appendix		c. <input type="checkbox"/> Statements verifying identity of above copies	
- Background of the Invention		ACCOMPANYING APPLICATION PARTS	
- Brief Summary of the Invention		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
- Detailed Description		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
- Claim(s)		11. <input type="checkbox"/> English Translation Document (if applicable)	
- Abstract of the Disclosure		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]		13. <input type="checkbox"/> Preliminary Amendment	
5. Oath or Declaration [Total Pages]		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
a. <input type="checkbox"/> Newly executed (original or copy)		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 17 completed)		16. <input checked="" type="checkbox"/> Other: claim of priority to U. S. Serial No. 60/164,250	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner: _____ Group / Art Unit: _____			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
18. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)			
Name		Christine Q. McLeod	
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Signature		Date	11/8/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL FORM

Assistant Commissioner for Patents
 Box Patent Application
 Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the patent application of:

Inventor(s): Samsun Lampotang *et al.*

Entitled: **Marker Detection Method and Apparatus to Monitor Drug Compliance**

- ✓ A Utility Patent Application Transmittal Form accompanies this Fee Transmittal Form.
- ✓ The filing fee is calculated below:

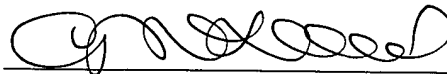
CLAIMS AS FILED					
	Number filed		Number Extra	Rate	Fee
Basic Fee					\$ 355.00
Total Claims	38	— 20 =	18	x \$9	\$ 162.00
Independent Claims	7	— 3 =	4	x \$40	\$ 160.00
Presentation of Multiple Dependent Claim(s) (\$135)					
Total Filing Fee					\$ 677.00

- ✓ Please charge \$677.00 to Deposit Account No. 19-0065. A duplicate copy of this sheet is enclosed.
- ✓ The Commissioner is hereby authorized to charge any additional filing fees which may be required, or credit any overpayment, to Deposit Account No. 19-0065. A duplicate copy of this sheet is enclosed.
- ✓ This application is being mailed by Express Mail under 37 CFR 1.10 and the required certificate appears below.

Date

11/8/00

Attorney of Record



CERTIFICATE OF MAILING BY EXPRESS MAIL (37 CFR 1.10)

Express Mail No.: EJ901662380US Date of Deposit: November 8, 2000

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231.

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